



03-08-06

RCE
1649

Atty. Dkt. No. 355908-3053

JFW

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Anthony E. BOLTON et al.

Title: APOPTOTIC ENTITIES
FOR USE IN TREATMENT
OF
NEURODEGENERATIVE
AND OTHER
NEUROLOGICAL
DISORDERS

CERTIFICATE OF EXPRESS MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
EV 643729265 US	6 March 2006
(Express Mail Label Number)	(Date of Deposit)
S. Salto	
(Printed Name)	
S. Salto	
(Signature)	

Appl. No.: 09/871,146

Appl. Filing Date: 5/25/2001

Examiner: Olga Chernyshev

Art Unit: 1649

REQUEST FOR CONTINUED EXAMINATION (RCE)

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application. This RCE and the enclosed items listed below are being filed prior to the earliest of: (1) payment of the issue fee (unless a petition under 37 C.F.R. § 1.313 is granted); (2) abandonment of the application; or (3) the filing of a notice of appeal to the U.S. Court of Appeals for the Federal Circuit under 35 U.S.C. §141, or the commencement of a civil action under 35 U.S.C. §145 or §146 (unless the appeal or civil action is terminated).

Enclosed is a Supplemental Information Disclosure Statement.

The filing fee is calculated below:

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395.00 OP

	Claims as Amended	Previously Paid For	Extra Claims Present	Rate	Fee Totals
RCE Fee 1.17(e):				\$790.00	= \$790.00
Total Claims:	4	- 20	=0	x \$50.00	= \$0.00
Independents	2	- 3	=0	x \$200.00	= \$0.00
First presentation of any Multiple Dependent Claims:				+ \$360.00	= \$0.00
CLAIMS FEE TOTAL:					= \$790.00
CLAIMS AND EXTENSION FEE TOTAL:					\$790.00
[X]	Small Entity Fees Apply (subtract ½ of above):				\$395.00
[]	Suspension of action requested under 37 C.F.R. § 1.103(c)				\$0.00
TOTAL FEE:					\$395.00

A check in the amount of \$395.00 to cover the filing fee is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 6 March 2006

By Ka E Flick

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Karen E. Flick
Attorney for Applicant
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